

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/364266

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3			/					53					
4			/					54					
5			/					55					
6		/	/					56					
7			/					57					
8			/					58					
9								59					
10			/					60					
11			/					61					
12			/					62					
13			/					63					
14			/					64					
15			/					65					
16			/					66					
17			/					67					
18			/					68					
19			/					69					
20			/					70					
21			/					71					
22			/					72					
23			/					73					
24			/					74					
25			/					75					
26			/					76					
27			/					77					
28	/							78					
29		/						79					
30			/					80					
31			/					81					
32			/					82					
33			/					83					
34			/					84					
35			/					85					
36			/					86					
37			/					87					
38			/					88					
39			/					89					
40			/					90					
41			/					91					
42			/					92					
43			/					93					
44			/					94					
45			/					95					
46			/					96					
47			/					97					
48			/					98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS	48							TOTAL CLAIMS					